

NONPUBLIC SCHOOL/AGENCY (NPS/A) WAIVER REQUEST

Send original plus one copy to:

California Department of Education

Special Education Division

Administrative Services Unit

1430 N Street, Suite 2401

Sacramento, CA 95814

Faxed copies will not be acceptedFirst Time Waiver: ☐Renewal Waiver: ☐

NPS/A Site Code

Nonpublic school/agency:				Contact/recipient of approval/denial notice:				Contact person's e-mail address:			
Address: (Street)								Phone (and extension, if necessary)			
								() - x			
(City)		(State)		(ZIP)		Fax Number:					
								() -			
Period of request: (month/day/year)				From:		To:					
LEGAL CRITERIA											
1. Authority for the waiver: <i>Education Code Section 56366.2</i>											
2. Education Code Section to be waived: If the request is to waive a portion of a section, type the text of the pertinent sentence of the law or those exact phrases requested to be waived.											
3. If this is a renewal of a previously approved waiver, please list waiver number and date of California Department of Education approval:											
4. Desired outcome/rationale. State what you hope to accomplish with the waiver. Describe briefly the circumstances that brought about the request and why the waiver is necessary to achieve improved student performance and/or streamline or facilitate local agency operations. (If more space is needed, you may attach additional pages.)											

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5. For a renewal waiver only, the petitioner also must certify:

True

☐
☐
☐

False

☐
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The facts that precipitated the original waiver request have not changed.

The remedy for the problem has not changed.

Members of the governing board and staff are not aware of the existence of any controversy over the implementation of this waiver or the request to extend it.

Petitioner Certification. *I hereby certify that the information provided on this application is correct and complete.*

Signature of Petitioner:

Title:

Date:

FOR CALIFORNIA DEPARTMENT OF EDUCATION USE ONLYStaff Name (*type or print*):

Staff Signature:

Date:

Unit Manager (*type or print*):

Unit Manager Signature:

Date:

Division Director (*type or print*):

Division Director Signature:

Date:

Deputy Superintendent (*type or print*):

Deputy Superintendent Signature:

Date:

INSTRUCTIONS FOR PREPARING
NONPUBLIC SCHOOL/AGENCY (NPS/A) WAIVER REQUEST

IDENTIFICATION INFORMATION

Nonpublic school/agency: Identify the name of the nonpublic school or agency that is subject to this waiver.

Nonpublic school/agency site code: If assigned, list the site code (only alpha or numeric characters) for the nonpublic school or agency. The site code is listed on the certificate issued by the California Department of Education (CDE). A seven-digit numeric/alpha character represents site codes. For example, a nonpublic agency located in Alameda County may have the following code: 1A-01-999. Similarly, a nonpublic school located in Los Angeles County may have the following code: 1S-19-888. A nonpublic agency located in Oregon may have the following code: 2A-OR-082. A nonpublic school located in South Dakota may have the following code: 2S-SD-022. If the site code is not listed on your certificate, please call the Office of Nonpublic Schools and Agencies at (916) 327-0141.

Contact/recipient of approval/denial notice/e-mail address: List the name of the person who is most knowledgeable about this waiver request (may also be the person completing the form). California Department of Education staff frequently must call or e-mail for additional information and questions about the waiver contents.

Address, Phone, and Fax Number: Provide the complete address, phone number (include extension number), and fax number of the nonpublic school or agency that is subject to this request.

Period of request: Generally, the period is established by the language of the authorizing law. Specifically, indicate month/day/year.

LEGAL CRITERIA

Authority for the waiver (Item 1): This type of waiver is expressly authorized pursuant to *Education Code* Section 56366.2.

Education Code or portion to be waived (Item 2): Write the *Education Code* Section number(s) that you want to waive (in part or in whole). If only a portion of a section is to be waived, include that portion verbatim, preceded and followed by ("..."). Or type the whole text of the *Education Code* with a strikeout key on the portion you want waived.

Renewal (Item 3): List the previous waiver number and the date that CDE approved the original waiver if this is a renewal. Renewals must be submitted two (2) months before the existing waiver expires.

Desired outcome/rationale (Item 4): State as briefly as possible what this waiver will accomplish. Please do not restate the law. Briefly describe the circumstances that brought about this request and why the waiver is necessary.

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For a renewal waiver only (Item 5): Check the appropriate box for each of the three statements in this section. Affirmative answers will allow the waiver to be processed as a "Renewal." NOTE: A renewal request MUST be submitted two months before the active waiver expires, or the request must be treated as a NEW specific waiver.

Petitioner certification: The local educational agency, special education local plan area, county office of education, nonpublic school, or nonpublic agency is to certify the accuracy of the information, sign where indicated, and date the application.